

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND **10/527765**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____
SIGNATURE: _____
OFFICE: _____

TITLE: _____
Adjusted Date: 03/01/2005 PRIDWELL
03/18/2005 SHAJARU 90900093 101250 1052765
PHONE: 588.00 CR

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____
DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**